

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 27 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000012888 1. Entity Name BAYWALK LANDINGS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4300 LEGENDARY DRIVE SUITE C-204 DESTIN, FL 32541		Mailing Address 4300 LEGENDARY DRIVE SUITE C-204 DESTIN, FL 32541	
2. Principal Place of Business 700 South Palafox Street		3. Mailing Address 700 South Palafox Street	
Suite, Apt. #, etc. Suite 85		Suite, Apt. #, etc. Suite 85	
City & State Pensacola, FL.		City & State Pensacola, FL.	
Zip 32502		Zip 32502	
Country USA		Country USA	
6. Name and Address of Current Registered Agent OLSON, RICHARD 4300 LEGENDARY DRIVE SUITE C-204 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Slavin, Andrew Street Address (P.O. Box Number is Not Acceptable) 700 South Palafox Street Suite 85 City Pensacola FL Zip Code 32502	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE: _____ DATE: _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 . Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete COMO, ALAN 700 SOUTH PALAFOX STREET, SUITE 100 PENSACOLA, FL 32502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian T. Jones 700 South Palafox Street, Suite 85 Pensacola, FL. 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete LUSK, JAMES E 700 SOUTH PALAFOX STREET, SUITE 100 PENSACOLA, FL 32502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Ross Everett 700 South Palafox Street, Suite 85 Pensacola, FL. 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete CLARK, MICHAEL E 700 SOUTH PALAFOX STREET, SUITE 100 PENSACOLA, FL 32502	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080314281 09/29/06--01071--009 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: Sept. 21, 2006 Daytime Phone #: 850 4369240	

JC 9/27